



# ***GEISMAR FACILITY***

## **PSV Car Seal Program and Procedure**

**CONFIDENTIAL**



36187 Hwy 30  
Geismar, LA 70734  
Main (225) 744-1300  
Fax (225) 673-6235

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**PSV Car Seal Program and Procedure**

DOCUMENT NUMBER

**06-OPER-0002**

REV

**00**

DATE

**12/16/2015**

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## **I Purpose**

1. To ensure the safety of personnel and equipment by maintaining isolation valves in the flow path of PSV's in the open position.

## **II Frequency**

1. This procedure is to be performed at least quarterly and before startup after turnarounds.

## **III Scope**

1. Documenting car seals are in place on isolation valves.
2. Isolation of PSVs for Maintenance or Other Reasons.
3. Document management.
4. Method used for notifying appropriate personnel when documenting car seals is due to be performed.

## **IV Consequence of Deviation**

1. Consequences of deviating from this procedure include but are not limited to the following: Damage to Equipment, Injury to Personnel or Property, Potential Loss of Production Time.

## **V References**

1. Operating area 10, 50, 60 and 70 P&ID's.

## **VI Responsibilities**

1. Qualified operators are to perform this procedure including all support documentation and must submit the document to the Shift supervisor upon completion
2. Shift Supervisor must assign this task to qualified operators upon notification of due date allowing enough time to perform the task by the due date, collect completed documents, review and place in the specified document retention system.

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## **A. Document Management**

**NOTE:** All documents pertaining to the PSV isolation valve car seal program will be stored in both original hard copy form under “PSV Isolation Valve Car Seal Program” in the Operations Supervisor’s filing cabinet and electronic form on the REG Geismar server at (data (\geifile1) (G)\e-data\Procedures\06-OPER\PSV Isolation Valve Car Seal Program).


2. When checklists and other forms have been completed, the Shift Supervisor must deliver the completed checklists and forms to the Operations Supervisor.
3. The Operations Supervisor must scan the completed documents and save to the REG Geismar server at (data (\geifile1) (G)\e-data\Procedures\06-OPER\PSV Isolation Valve Car Seal Program)
  - a. Place the hard copy of the documents in the “PSV Isolation Valve Car Seal Program” file in the Operation Supervisor’s filing cabinet.

## **B. Documentation of Car Seal Placement on PSV Isolation Valve**

1. Upon notification of the PSV Isolation Valve Checklist being due, the Shift Supervisor on Day shift will assign qualified Plant Operators to complete the checklist
2. Obtain a hard copy of the PSV car seal open checklist located at: data (\geifile1)(G:\e-data\Procedures\06-OPER\3-Checklists\PDF\06-CHECK-0001(PSV CSO Checklist) Rev 00.

**NOTE:** The PSV car seal checklist has each PSV listed along with a description of the protected process, P&ID number, and normal position of the isolation valve. In this document all normal valve positions are open. See the example below:

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		DOCUMENT NUMBER <b>06-OPER-0002</b>	REV <b>00</b>	DATE <b>12/16/2015</b>	PAGE <b>3 of 8</b>

# TARGET SHEET

**SITE NAME:** NON SITE SPECIFIC

**CERCLIS I.D.:** NONSITESPECI

**TITLE OF DOC.:** i. PSV Car Seal Program and Procedure

**DATE OF DOC.:** 12/16/2015

**NO. OF PGS. THIS TARGET SHEET REPLACES:** 1

**SDMS #:** 9796738 **RELATED #:** 9680221

**CONTROLLED ?** ☒ **MISSING PAGES ?** ☐

**ALTERN. MEDIA ?** ☐ **CROSS REFERENCE ?** ☐

**LAB DOCUMENT ?** ☐ **LAB NAME:**

**ASC./BOX #:**

**CASE #:**  **SDG #:**

**PAGE 4 WAS REDACTED FROM ITEM I (PAGE 4 OF  
9680221) DUE TO FOIA EXEMPTION B(4) -**

**COMMENTS :** CONFIDENTIAL BUSINESS INFORMATION.

6. If the valve is in the closed position, write "closed" in the space provided.
  - a. Notify the Shift Supervisor immediately that a PSV isolation valve has been found in the closed position.
  - b. Complete a "car seal checklist deficiency report form" for that valve and attach to the checklist.
7. The Shift Supervisor must immediately begin an investigation to determine why the valve is in the closed position.
  - a. If the PSV isolation valve is found to be closed for a valid reason (LOTO for maintenance, etc.) and was documented correctly, note the reason on the "car seal checklist deficiency report form" created in the previous step of this procedure.
8. If there is no documentation of why the PSV isolation valve is closed, the Shift Supervisor must immediately begin an incident report in CMO.
9. Discuss with plant management, EH&S coordinator and thoroughly check the PSV in question and the equipment it protects to be sure that all conditions are normal
  - a. Open the valve and install a car seal.
  - b. Note the car seal number on the "car seal checklist deficiency report form" that was attached to the checklist.
  - c. Write your initials in the space provided on the checklist.
10. Continue completing the PSV car seal open checklist using the steps above.
11. When completed give the PSV car seal open checklist to the Shift Supervisor.
12. Shift Supervisor must place the completed checklist along with the "car seal checklist deficiency report form" and other supporting documentation in the storage location as detailed in the "Document Management" section of this procedure.

### **C. Isolating PSVs for Maintenance or Other Reasons**

- 1 Closing any PSV isolation valve will only be implemented after a careful evaluation of its need and consequences, and shall not result in placing any system in an unsafe condition. Due to the small number of PSVs at REG Geismar that can be isolated while the plant is in operation, this will be infrequent.

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2. Isolating any PSV while in service will require PSV bypass piping with a valve easily accessible and a Plant Operator (stationed ) in direct contact at all times with the control board operator.
3. When a PSV is removed from service this procedure must be retained in the Shift Supervisors office, readily available for completion of this checklist after work has been performed and the PSV is ready to be returned to normal operating conditions.

**PSV Number/Description** \_\_\_\_\_

**Reason for Isolation** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Work Order Number** \_\_\_\_\_

**Shift Supervisor Verification That PSV Number/Description Matches Number/Description on Work Order.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Date of Isolation** \_\_\_\_\_

**Date of Return to Service** \_\_\_\_\_

**Time of Isolation** \_\_\_\_\_

**New Car Seal Numbers** \_\_\_\_\_

\_\_\_\_\_

**Authorizing Signatures**

**Shift Supervisor** \_\_\_\_\_

**Date** \_\_\_\_\_

**Operations Supervisor** \_\_\_\_\_

**Date** \_\_\_\_\_

4. Obtain the appropriate level of authorization signatures after having a thorough discussion on the reason for the isolation and potential consequences of isolating or not isolating with the authorizing individual.

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## **D. Notification of Appropriate Personnel**

1. A recurring task has been setup in Microsoft Outlook that will send notifications when the PSV Isolation Valve Checklist is due to be completed.
2. Notification will be sent to all responsible personnel on the 3<sup>rd</sup> Saturday of every 3<sup>rd</sup> month.
3. Responsible personnel include but are not limited to the Operations Supervisor, Shift Supervisors and Training Coordinator.
4. Completion of the PSV Isolation Valve Checklist is due on the 1<sup>st</sup> Monday after the 3<sup>rd</sup> Saturday of every 3<sup>rd</sup> month as specified in the recurring Microsoft Outlook task.

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## PROCEDURE SIGN OFF

Start Date	Signature	End Date	Signature

## REVISION RECORD SHEET

Rev	Document Number	Date	Prepared By	Checked	Approved
00	06-OPER-0002	12-16-2015	J. Phillips	P. Guay	J. Phillips

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### PSV Car Seal Program and Procedure

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# TARGET SHEET

**SITE NAME:** NON SITE SPECIFIC

**CERCLIS I.D.:** NONSITESPECI

**TITLE OF DOC.:** ii. Unit Operator Qualification Test

**DATE OF DOC.:** 04/06/2015

**NO. OF PGS. THIS TARGET SHEET REPLACES:** 20

**SDMS #:** 9796738 **RELATED #:** 9680221

**CONTROLLED ?** ☒ **MISSING PAGES ?** ☐

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**LAB DOCUMENT ?** ☐ **LAB NAME:**

**ASC./BOX #:**

**CASE #:**  **SDG #:**

ITEM II (PAGES 9-28 FROM 9680221) WAS REDACTED  
FROM THIS DOCUMENT DUE TO FOIA EXEMPTION

**COMMENTS :** B(4) - CONFIDENTIAL BUSINESS INFORMATION.

## HDO System &amp; Separation, HI System and H2 Compressor

- Review 06-OPER-5060 (HDO Emergency Shutdown)
- Review 06-OPER-5360 (HI Emergency Shutdown)
- Review 06-OPER-5020 (HDO-HI Compressor)
- Review 06-OPER-0501 (HI Charge Pump Start-up)
- Review 06-OPER-0506 (HDO Charge Pump Startup)

SSV Init	Trainer Init	Trainee Init	Date
HK	[Signature]	PW	4-7-16

- Review 06-OPER-0530 (P-5230 Solvent Recycle Pump)
  - Discuss requirement for clean diesel as cooling medium
  - Discuss how to handle SP-768 De-Gassing Pot level
  - Discuss response to TK-5233 and P-5235 alarms
- Electrical\MCC
  - Review location of breakers for major equipment
  - Review electrical safety, arc flash, what breakers require I&E

## Product Fractionator, Light Ends, LPG

- Discuss product tankage, start-up manifold, rerun, etc.
- Discuss High Temp and Medium Temp Oil Systems
  - Furnace re-starts
  - Managing pumps, levels, inventories
  - Steam Generators
- Review 06-OPER-5620 (OffGas Compressor)

SSV Init	Trainer Init	Trainee Init	Date
HK	[Signature]	PW	4-7-16

## General

- Discuss maintaining cooling tower chemicals, fans, start pumps, etc
- Review flare system, handling problems with flare k\o drum
- Review blending additives and requirements for receiving deliveries
- Discuss Inline GC and clearing liquid from filters

SSV Init	Trainer Init	Trainee Init	Date
HK	[Signature]	PW	4-7-16

## LOTO \ SWP Standards

- Review ZERO-ENERGY STATE
- Review LOTO requirements for various temperatures and pressures
- Review Special permitting requirements (entry, excavations, hot work)
- Walk-through preparing HDO Reactors
- Walk-through preparing HI Feed Pump

SSV Init	Trainer Init	Trainee Init	Date
HK	[Signature]	PW	4-7-16

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## HDO System &amp; Separation, HI System and H2 Compressor

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- Review 06-OPER-5360 (HI Emergency Shutdown)
- Review 06-OPER-5020 (HDO-HI Compressor)
- Review 06-OPER-0501 (HI Charge Pump Start-up)
- Review 06-OPER-0506 (HDO Charge Pump Startup)

SSV Init	Trainer Init	Trainee Init	Date
HR	LD	FL	4/21

- Review 06-OPER-0530 (P-5230 Solvent Recycle Pump)
  - Discuss requirement for clean diesel as cooling medium
  - Discuss how to handle SP-768 De-Gassing Pot level
  - Discuss response to TK-5233 and P-5235 alarms
- Electrical\MCC
  - Review location of breakers for major equipment
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  - Managing pumps, levels, inventories
  - Steam Generators
- Review 06-OPER-5620 (OffGas Compressor)

SSV Init	Trainer Init	Trainee Init	Date
HR	LD	FL	4/21

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SSV Init	Trainer Init	Trainee Init	Date
HR	LD	FL	4/21

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- Walk-through preparing HDO Reactors
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SSV Init	Trainer Init	Trainee Init	Date
HR	LD	FL	4/21

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# TARGET SHEET

**SITE NAME:** NON SITE SPECIFIC

**CERCLIS I.D.:** NONSITESPECI

**TITLE OF DOC.:** iv. Process Hazard Analysis (PHA) Risk Mitigation and Target Dates

**DATE OF DOC.:** Undated

**NO. OF PGS. THIS TARGET SHEET REPLACES:** 2

**SDMS #:** 9796738 **RELATED #:** 9680221

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**LAB DOCUMENT ?** ☐ **LAB NAME:**

**ASC./BOX #:**

**CASE #:**  **SDG #:**

**COMMENTS :** ITEM IV (PAGES 32-33 FROM 9680221) WAS REDACTED FROM THIS DOCUMENT DUE TO FOIA EXEMPTION B(4) - CONFIDENTIAL BUSINESS INFORMATION.

# TARGET SHEET

**SITE NAME:** NON SITE SPECIFIC

**CERCLIS I.D.:** NONSITESPECI

**TITLE OF DOC.:** v. Block Flow Diagram

**DATE OF DOC.:** Undated

**NO. OF PGS. THIS TARGET SHEET REPLACES:** 1

**SDMS #:** 9796738 **RELATED #:** 9680221

**CONTROLLED ?** ☒ **MISSING PAGES ?** ☐

**ALTERN. MEDIA ?** ☐ **CROSS REFERENCE ?** ☐

**LAB DOCUMENT ?** ☐ **LAB NAME:**

**ASC./BOX #:**

**CASE #:**  **SDG #:**

**COMMENTS :** ITEM V (PAGE 34 FROM 9680221) WAS REDACTED  
FROM THIS DOCUMENT DUE TO FOIA EXEMPTION B(4) -  
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## Management of Change (MOC) Request Form

Area #: 60 DF Geismar Site                      Work Order #:                      MOC #: 12-027

MOC Name: MOC 12-027 REQ-Install Recirculation Line On 60-V-6028 - LPG Bullet.Docx

Initiator: Durward McLaughlin Date Initiated: 6/13/2012

Expected Implementation Date:                      MOC Closed-Signed MOC Mgr:                      Date Closed:                     

### Section I

**Describe the change and state why the change is being made.**

**What:** Adding a 4 inch recirculation/alternate-fill line (line number 60078) from just downstream of HV-6004 to the ☒ nozzle of 60-V-6028

**Why:** Directing part of the production volume through the ☒ nozzle and recirculating tank contents from the discharge of pumps P-6030 A/B through the ☒ nozzle will create a bulk flow of product from the south end to the north end of 60-V-6028. This circulation will prevent the accumulation of impurities by eliminating quiescent volumes in the LPG storage bullet, vessel 60-V-6028.

**Note** Attachments may be added if additional space is required

Temporary change effective until:                      Extended to:                      Change eliminated                     

Type (s) of change (s) - check all applicable:

Yes <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	Emergency /Urgent MOC	Complete Section II
Yes <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	Building/Occupancy	Complete Section VIII
Yes <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	Mechanical Equipment & Piping	Complete Section III
Yes <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	Catalyst or Chemical	Complete Section IV
Yes <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	Instrument/Control	Complete Section V
Yes <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	Protective Sys Bypass	Complete Section VI
Yes <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	Procedural Change	Complete Section VII

### Project Risk Screening Summary

**Project Risk Level (from page 3) Required Reviews**

Level M: Nothing Further

Level 1: ☒ DSR

Level 2: DSR, and appropriate PHA (What-If, What-If/Checklist, etc.), PSSR

Level 3: DSR, HAZOP, and PSSR

### Review

MOC Initiator:  Process Engineer:

PSM Coordinator:  Operations Manager:

Authorization – Approval to Proceed:  Date: 7/6/2012

Plant Manager

Date

## Project Risk Screening (PRS)

**Instruction:** Evaluate responses to statements H-1 through H-4 by indicating Yes or No. According to the degree-of-hazard rules, determine the degree of hazard to be minimum, low, or high. Evaluate responses to statements S-1 through S-8 by indicating Yes or No. According to the significant-of-change rules, determine the significant-of-change to be minimum, low, or high. Determine the potential risk level by comparing the degree-of-hazard value against the significance-of-change value.

### PRS Section A – Degree of Hazard

- Yes ☐ No ☒ NA ☐ H-1: Energy: The change introduces or affects a significant source of chemical, mechanical, thermal, or electrical energy.
- Yes ☐ No ☒ NA ☐ H-2: Volume The change results in an increase in inventory or storage capacity of toxic, flammable, or reactive materials (Health, Fire, or Stability Rating of 4) by more than 25%
- Yes ☐ No ☒ NA ☐ H-3: Stability Stability: The changed system will contain materials known or suspected to be thermally, chemically, or physically unstable
- Yes ☐ No ☒ NA ☐ H-4: Increase The change significantly increases the potential for personnel injury and/or exposure to hazardous material.

### Degree of Hazard Rules (Check one box only)

- ☒ Minimal Zero yes responses
- ☐ Low Only one yes response
- ☐ High More than one statement with "yes" response

### PRS Section B – Significance of Change

- Yes ☐ No ☒ NA ☐ S-1 The change could take the process or system outside the well understood and documented normal operating envelope during steady state or transient conditions
- Yes ☐ No ☒ NA ☐ S-2 The change introduces a process chemical in a new or different service (raw material, intermediates, additives, catalysts, products, and by-products)
- Yes ☒ No ☐ NA ☐ S-3 The change reorders or alters the process flow
- Yes ☐ No ☒ NA ☐ S-4 The change significantly impacts the energy balance or mass balance
- Yes ☐ No ☒ NA ☐ S-5 The change alters, affects and/or bypasses a safety device or a critical control device scheme
- Yes ☐ No ☒ NA ☐ S-6 The change alters, affects or adds a relief valve or relief valve piping
- Yes ☐ No ☒ NA ☐ S-7 The change involves production of chemicals in equipment not designed for that purpose or creates a potential for equipment limitations being exceeded
- Yes ☐ No ☒ NA ☐ S-8 The change necessitates significant or unique training for operators or technical or maintenance personnel, or substantial operator interface is needed for normal and/or emergency operation of the system

### Significance of Changes Rules (Check one box only)

- ☐ Minimal Zero yes responses
- ☒ Low All cases that are not Minimal or High
- ☐ High "Yes" response to Statement S-2 or any other three statements with "yes" response.

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### PRS Section C - Project Risk Screening Level

		SIGNIFICANCE		
H A Z A R D		<u>Minimal</u>	<u>Low</u>	<u>High</u>
	<u>Minimal</u>	M	1	2
	<u>Low</u>	1	2	3
	<u>High</u>	2	3	3

**Guidelines: The normal risk reviews associated with each risk level are:**

**Level M:** Nothing Further

**Level 1:** DSR

**Level 2:** DSR, and appropriate PHA (What-If, What-If/Checklist, etc.), PSSR

**Level 3:** DSR, HAZOP, and PSSR

### PRS Section D – Comments & Special Considerations

The location of the recirculation line requires that bollards be placed to protect it from vehicles that may be on the area adjacent to the storage bullet.

## SECTION II

Yes ☐ No ☒

### Emergency / Urgent MOC

**Urgent MOC:** \_\_\_\_\_ Change is required quickly to prevent an unsafe condition, an environmental event or defective production during normal business hours. Complete Section I including as many review signatures as possible. Plant Manager's signature is required as authorization to proceed with change.

**Emergency MOC:** \_\_\_\_\_ Urgent MOC required during nights, weekends and holidays. Shift Supervisor approves scope of change and obtains approval to proceed from the Plant Manager. Note: Email or verbal approval is acceptable.

Authorization – Approval to Proceed

\_\_\_\_\_  
Plant Manager

\_\_\_\_\_  
Date

**For Urgent and Emergency MOC's, the MOC Form, including required reviews, must be completed within two (2) business days.**

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**SECTION III**Yes ☒ No ☐ **Mechanical Equipment and Piping**

Equipment #	Description of Change
Line - 60078 -	Install 4"-HC-60078-BCB-N between Line 4"-HC-60076-BCB-N and nozzle
- -	L of 60-V-6028
- -	
- -	

Complete Section IX, X, XI, XII, and XIII

**SECTION IV**Yes ☐ No ☒ **Catalyst or Chemical**

Catalyst or chemical deleted: \_\_\_\_\_

Catalyst or chemical added: \_\_\_\_\_

Catalyst or chemical change of service: \_\_\_\_\_

If addition or change of service, MSDS and Specification must be attached.

Catalyst or Chemical Name. \_\_\_\_\_

Description of Service: \_\_\_\_\_

Complete Sections IX, X, XI and XII

**SECTION V**Yes ☐ No ☒ **Instrument / Control**

Tag #	Description of Change
_____	_____
_____	_____
_____	_____
_____	_____

Complete Section IX, X, XI, XII, and XIII

**SECTION VI**Yes ☐ No ☒ **Protective Systems Bypass**

\_\_\_\_\_ Pressure Safety Device (relief valve)

\_\_\_\_\_ Safety Protection System (SPS)

\_\_\_\_\_ Fire Water System

\_\_\_\_\_ Flare

\_\_\_\_\_ Safety Shower or Eye Wash Station

\_\_\_\_\_ Fixed Gas Detector

\_\_\_\_\_ Emergency Alarm System

\_\_\_\_\_ Other

Description of the Protective System to be changed \_\_\_\_\_

What alternate means of protection are provided and/or what procedural changes will be made to insure safety? \_\_\_\_\_

Complete Section IX, X, XI, XII, and XIII

## SECTION VII

Yes ☐ No ☒ **Procedural**

<u>Procedure &amp; Revision #</u>	<u>Procedure Title</u>
- - -	
- - -	
- - -	

Complete Section IX, X, XI, XII, and XIII

## SECTION VIII

Yes ☐ No ☒ **Building / Occupancy & Facility Site**

Building Name: \_\_\_\_\_

Change to Building: \_\_\_\_\_ Construction \_\_\_\_\_ Revised Process Technology \_\_\_\_\_ Location \_\_\_\_\_  
New Process Unit \_\_\_\_\_ Occupancy \_\_\_\_\_  
Other Description of Change \_\_\_\_\_

## SECTION IX

Yes ☒ No ☐ **Mechanical Integrity**

A review of applicable design codes (ANSI, ASME, API, etc.) is complete.

Department or Personnel Assignment: Maintenance- *[Signature]* 2/4/14

Date Completed and Initials: \_\_\_\_\_

All tests and inspections are complete: \_\_\_\_\_

## SECTION X

### **Training and Notification**

Information about the change has been provided to employees and contractors.

Department or Personnel Assignment: *Operation*

Training has been completed *Yes - 1st. W. I. K.*

Department or Personnel Assignment: \_\_\_\_\_

Training records are updated. \_\_\_\_\_

Department or Personnel Assignment: \_\_\_\_\_

Training records are updated: \_\_\_\_\_

## SECTION XI

Yes ☐ No ☒ **Environmental**

If Environmental permitting is affected by this change, notify the EH & S Manager.

Department or Personnel Assignment: \_\_\_\_\_

Date Completed \_\_\_\_\_ Initials: \_\_\_\_\_

Department or Personnel Assignment: \_\_\_\_\_

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### Process Safety Information

Process Safety Information (PSI) modification requirement:

Note: For an item to be signed off as "completed", the required information must be placed in its designated location or it must be provided to the respective department for updating, and be available to employees and contractors involved in the operations and/or maintenance of the process.

	Department or Personnel Assignment	Date Completed	Initials
A. Material Safety Data Sheets (MSDS)	NA		
B. Maximum Intended Inventory List	NA		
C. P & ID's	Durward McLaughlin	8-12-2013	DML
D. Isometric Drawings	NA		
E. Not to Exceed Table (NTE)	NA		
F. Operating Procedures	NA		
G. Maintenance Procedures	NA		
H. Engineering /Maintenance Files	Durward McLaughlin	8-12-2013	DML
I. Equipment Spare Parts/Tools	NA		
J. QC/QA/PM/MI Programs or Procedures	NA		
K. LOOP Drawings	NA		
L. Electrical Classification Drawings	NA		
M. Electrical One-Line Drawings	NA		
N. Configure DCS	NA		
O. Update DCS Graphics	NA		
P. Instrument Data Sheets	NA		
Q. Instrument List	NA		
R. Relief System Design and/or Design Basis	NA		
S. Safety Systems	NA		
T. Process Hazard Analysis	NA		
U. Design Safety Review (DSR)	Howard Wilkinson	8-12-13	HW
V. Pre-Start-Up Review	NA		
W. Building Site Evaluation	NA		
X. Other	NA		

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# TARGET SHEET

**SITE NAME:** NON SITE SPECIFIC

**CERCLIS I.D.:** NONSITESPECI

**TITLE OF DOC.:** vii. Dynamic Fuels, Renewable Synthetic Fuel Plant

**DATE OF DOC.:** Undated

**NO. OF PGS. THIS TARGET SHEET REPLACES:** 4

**SDMS #:** 9796738 **RELATED #:** 9680221

**CONTROLLED ?** ☒ **MISSING PAGES ?** ☐

**ALTERN. MEDIA ?** ☐ **CROSS REFERENCE ?** ☐

**LAB DOCUMENT ?** ☐ **LAB NAME:**

**ASC./BOX #:**

**CASE #:**  **SDG #:**

**COMMENTS :** ITEM VII (PAGES 41-44 FROM 9680221) WAS REDACTED  
DUE TO FOIA EXEMPTION B(4) - CONFIDENTIAL  
BUSINESS INFORMATION.

## Design Safety Review (DSR) Checklist

MOC Number: 12-027

Date: 7/22/2013

MOC Title: Install Recirculation line on 60-V-6028 - LPG bullet

### Project Description and Location of Change (Scope)

**What:** Adding a 4 inch recirculation/alternate-fill line (line number 60078) from just downstream of HV-6004 to the ☐ nozzle of 60-V-6028.

**Why:** Directing part of the production volume through the ☐ nozzle and recirculating tank contents from the discharge of pumps P-6030 A/B through the ☐ nozzle will create a bulk flow of product from the south end to the north end of 60-V-6028. This circulation will prevent the accumulation of impurities by eliminating quiescent volumes in the LPG storage bullet, vessel 60-V-6028

This checklist is provided to assist in performing a Design Safety Review (DSR) in association with a Management of Change (\*MOC) with a Project Risk Screening rating of Level #1. It is not intended to be a complete listing of every question that needs to be asked in performing a review; but it is a springboard for further questioning by the review team. All questions refer to the results, design, and impact of the change, not broadly or in general to the existing system unaffected by the change. The reviewer is encouraged to look beyond the checklist for concerns which may be unique to the change and which may not be addressed here.

Team Leader:

Signatures

Date of DSR:

7/23/13

Howard Wilkinson

DSR Team Members

Brandon Stearns

Tracy Harris

Duane McLaughlin

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### DYNAMIC FUELS GEISMAR FACILITY Design Safety Review (DSR) Checklist

DOCUMENT NUMBER

**05-PSM-0702**

REV

**A**

DATE

**21-Jan-12**

PAGE

**1 of 4**

## Design Safety Review (DSR) Checklist

MOC Number: 12-027

Date: 7/22/2013

MOC Title: Install Recirculation line on 60-V-6028 - LPG bullet

	Section N/A	SECTION A Engineering Design and Construction
1.	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> NA <input type="checkbox"/>	Project Risk Screening (PRS) Level has been determined using the Degree of Hazard and Significance of Change Rules in the Management of Change (MOC) Request Form in Section I?
2.	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> NA <input type="checkbox"/>	Construction and equipment is in accordance with design specifications.
3.	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> NA <input type="checkbox"/>	The change does not alter, affect, and/or bypass a safety device or a critical control device.
4.	Yes: <input type="checkbox"/> No: <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Reused equipment is adequate for the change.
5.	Yes: <input type="checkbox"/> No: <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Adequate surface drainage has been provided.
6.	Yes: <input type="checkbox"/> No: <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Relief devices have been installed per design.
7.	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Equipment (valve sizes, agitator heights, pumps capacities, etc.) was checked for batch/capacity/size changes.
8.	Yes: <input type="checkbox"/> No: <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Cathodic protection is provided, if specified.
9.	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> NA <input type="checkbox"/>	Line expansion provisions are installed.
10.	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> NA <input type="checkbox"/>	Protection has been provided against over pressure and vacuum.
11.	Yes: <input type="checkbox"/> No: <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Potential for instrument failure has been adequately addressed.
12.	Yes: <input type="checkbox"/> No: <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Electrical area classification rules have been followed.
13.	Yes: <input type="checkbox"/> No: <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Block valves on the inlet and outlet of relief devices comply with relief valve (PSV) standards.
14.	Yes: <input type="checkbox"/> No: <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Heat exchangers are protected on the shell and tube side.
15.	Yes: <input type="checkbox"/> No: <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Fireproofing installed where required.
16.	Yes: <input type="checkbox"/> No: <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Sprinkler systems / deluge systems required if specified.

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	Section N/A	SECTION B - Operations
1.	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> NA <input type="checkbox"/>	Equipment (valve sizes, agitator heights, pumps capacities, etc.) was checked for batch/capacity/size changes.
2.	Yes: <input type="checkbox"/> No: <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Hoses and fittings are of the approved type.
3.	Yes: <input type="checkbox"/> No: <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Tripping hazards or head knockers have been eliminated.

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**Design Safety Review (DSR) Checklist**

DOCUMENT NUMBER	REV	DATE	PAGE
05-PSM-0702	A	21-Jan-12	2 of 4

## Design Safety Review (DSR) Checklist

MOC Number: 12-027

Date: 7/22/2013

MOC Title: Install Recirculation line on 60-V-6028 - LPG bullet

4.	Yes: <input type="checkbox"/> No: <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Emergency access and egress have been properly provided for.
5.	Yes: <input type="checkbox"/> No: <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Nipple lengths are minimized, and cantilevered branch connections avoided.
6.	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Equipment locations provide safe access for operation and maintenance.
7.	Yes: <input type="checkbox"/> No: <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Walking / working surfaces are level, secured.
8.	Yes: <input type="checkbox"/> No: <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Walkways and ladders provide safe access to working areas.
9.	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> NA <input type="checkbox"/>	Dead-end pipe, pocketed lines, and unused piping branches have been eliminated.
10.	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> NA <input type="checkbox"/>	Routinely operated valves are accessible and easy to operate (gear operators and chain operators provided where necessary).
11.	Yes: <input type="checkbox"/> No: <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Vents and drains are visible, easily accessible and safely located.
12.	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> NA <input type="checkbox"/>	Piping and equipment have been installed properly to avoid unnecessary cross-ties, which could contribute to contamination, pressure, or temperature problems.
13.	Yes: <input type="checkbox"/> No: <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Sample points are properly configured for safe sampling.

	Section N/A	SECTION C EH & S
1.	Yes: <input type="checkbox"/> No: <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Guards such as coupling and seal guards have been installed on moving equipment.
2.	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> NA <input type="checkbox"/>	Equipment/piping is adequately supported
3.	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Personnel are protected from contact with hot (>140 F) surfaces
4.	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> NA <input type="checkbox"/>	Elevated work can be performed safely
5.	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> NA <input type="checkbox"/>	There is adequate lighting.
6.	Yes: <input type="checkbox"/> No: <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Safety valve discharges are directed to a safe location.
7.	Yes: <input type="checkbox"/> No: <input type="checkbox"/> NA <input checked="" type="checkbox"/>	The fire protection/insurance group has approved all changes to fixed fire protection facilities.
8.	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> NA <input type="checkbox"/>	The change does not obstruct or impair the operation of fire protection or other safety equipment.
9.	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> NA <input type="checkbox"/>	The system assures minimum personnel exposure to chemicals.
10.	Yes: <input type="checkbox"/> No: <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Radiation source requirements were met.

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DOCUMENT NUMBER

**05-PSM-0702**

REV

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DATE

**21-Jan-12**

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## Design Safety Review (DSR) Checklist

MOC Number: 12-027

Date: 7/22/2013

MOC Title: Install Recirculation line on 60-V-6028 - LPG bullet

1.	Section N/A	SECTION M Final Questions
2.	Yes: <input type="checkbox"/> No: <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Experts were consulted as required.
3.	Yes: <input type="checkbox"/> No: <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Expert concerns were documented and satisfactorily resolved
4.	Yes: <input type="checkbox"/> No: <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Expert guide questions adequately address areas of concern.
5.	Yes: <input type="checkbox"/> No: <input type="checkbox"/> NA <input checked="" type="checkbox"/>	OTHER:

### DESIGN SAFETY REVIEW ACTION ITEM LIST

#	Description	Est. Comp. Date	Responsible Person	Actual Comp. Date
1				
2				

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DOCUMENT NUMBER

**05-PSM-0702**

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DATE

**21-Jan-12**

PAGE

**4 of 4**

# TARGET SHEET

**SITE NAME:** NON SITE SPECIFIC

**CERCLIS I.D.:** NONSITESPECI

**TITLE OF DOC.:** ix. Dynamic Fuels MOC

**DATE OF DOC.:** Undated

**NO. OF PGS. THIS TARGET SHEET REPLACES:** 5

**SDMS #:** 9796738 **RELATED #:** 9680221

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**ALTERN. MEDIA ?** ☐ **CROSS REFERENCE ?** ☐

**LAB DOCUMENT ?** ☐ **LAB NAME:**

**ASC./BOX #:**

**CASE #:**  **SDG #:**

ITEM IX (PAGES 49-53 FROM 9680221) WAS REDACTED  
FROM THIS DOCUMENT DUE TO FOIA EXEMPTION B(4)

**COMMENTS :** - CONFIDENTIAL BUSINESS INFORMATION.

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- Should poor road conditions exist or may be expected to, decide when and who to send home of office and clerical staff and contract personnel
- Finalize production plant shutdown priority, if needed
- Obtain a supply of frozen meals, cots and bedding

## (Attachment 'C')

### Hurricane / Flood Plan

#### 1. SCOPE

The REG GEISMAR, LLC Geismar, Louisiana Plant will use this procedure to establish a Hurricane Policy. Any hurricane situation commands that first consideration be given to the safety and welfare of employees, including furnishing them with all pertinent information and making all possible efforts to release them when needed at home

#### 2. PURPOSE

This procedure has been prepared to be used as a basic guideline to properly protect the employees, equipment, and property of REG GEISMAR, LLC operations should a hurricane become a threat. Variations of this procedure may be appropriate to meet actual situations such as speeding up time-frame steps depending on the severity and speed (movement) of the storm

#### 3. RESPONSIBILITIES


The following actions should be taken in the event of a hurricane/flood

##### A. Management

1. Direct all activities in area of responsibility.
2. Communicate Hurricane/Flood Policy (including pay policy) to all employees.
3. The decision to shut down the plant will be made by the Plant Manager
4. Notify REG GEISMAR, LLC Corporate Management of all hurricane/flood response activities
5. Initiate shutdown when necessary. Shutdowns will be coordinated by the Operations Manager and will be completed in ample time to allow for an orderly facility evacuation prior to hurricane/flood landfall
6. Release all non-essential personnel when and if appropriate
7. Supervisors will establish a communications network for their respective teams. The plan should include a contact person and instructions for notification of employee's inability to return to work in a timely manner. Maintenance should address staffing of shutdown personnel if any emergency should occur during the weekend

##### B. Employees

1. During the approach of a hurricane/flood, employees should report for work as scheduled unless weather conditions make travel impractical, unsafe or unless instructed otherwise. Follow communications network established by your immediate supervisor to notify plant personnel of your whereabouts
2. After the storm/flood has passed, report for work as scheduled or as instructed by your supervisor

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		<b>Emergency Planning and Response</b>			
		DOCUMENT NUMBER <b>05-PSM-1200</b>	REV <b>5</b>	DATE <b>8-Feb-2016</b>	PAGE <b>29 of 39</b>

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## REG Geismar, LLC Risk Management Program (RMP) Level 3 Element Responsibilities

<b>Section A</b>	<b>Management (68.15)</b>	<b>Peter Guay, Plant Manager</b>
	<b>Parent Company Official</b>	<b>Doug Judge, Director, Environmental Compliance</b>
	<b>RMP Preparer</b>	<b>Troy Harris, EHS Supervisor</b>
<b>Section B</b>	<b>Hazard Assessment (68.20 – 68.42)</b>	<b>Howard Wilkinson, EH S Coordinator</b>
<b>Section C</b>	<b>Prevention Program (68.65 – 68.87)</b> <ul style="list-style-type: none"> <li>• Safety Information (68.65)</li> <li>• Process Hazard Analysis (68.67)</li> <li>• Operating Procedures (68.69)</li> <li>• Training (68.71)</li> <li>• Mechanical Integrity (68.73)</li> <li>• Management of Change (68.75)</li> <li>• Pre-Startup Safety Review (68.77)</li> <li>• Compliance Audits (68.79)</li> <li>• Incident Investigation (68.81)</li> </ul>	<ul style="list-style-type: none"> <li>• Troy Harris, EHS Supervisor</li> <li>• Howard Wilkinson, EHS Supervisor</li> <li>• Jessie Phillips, Operations Supervisor</li> <li>• Rodney Richardson, Training Coordinator</li> <li>• Randy Clouatre, Maintenance Manager</li> <li>• Caroline Golden, Senior Process Engineer</li> <li>• Caroline Golden, Senior Process Engineer</li> <li>• Howard Wilkinson, EHS Coordinator</li> <li>• Howard Wilkinson, EHS Coordinator &amp; Troy Harris, EHS Supervisor</li> </ul>
<b>Section D</b>	<b>Employee Participation (68.83)</b>	<b>Howard Wilkinson, EHS Coordinator</b>
<b>Section E</b>	<b>Hot Work Permits (68.85)</b>	<b>Howard Wilkinson, EHS Coordinator</b>
<b>Section F</b>	<b>Contractors (68.87)</b>	<b>Howard Wilkinson, EHS Coordinator</b>
<b>Section G</b>	<b>Emergency Response (68.90 – 68.95)</b>	<b>Howard Wilkinson, EHS Coordinator</b>

# TARGET SHEET

**SITE NAME:** NON SITE SPECIFIC

**CERCLIS I.D.:** NONSITESPECI

**TITLE OF DOC.:** xii. 60-V-6028 LPG Storage Bullet- July 2013  
-Summary of Findings - REDACTED

**DATE OF DOC.:** 07/01/2013

**NO. OF PGS. THIS TARGET SHEET REPLACES:** 14

**SDMS #:** 9796738 **RELATED #:** 9680221

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**LAB DOCUMENT ?** ☐ **LAB NAME:**

**ASC./BOX #:**

**CASE #:**  **SDG #:**

**COMMENTS :** ITEM XII (PAGES 56-69 FROM 9680221) WAS  
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# TARGET SHEET

**SITE NAME:** NON SITE SPECIFIC

**CERCLIS I.D.:** NONSITESPECI

**TITLE OF DOC.:** xiii. Acoustic Emission Inspection Report  
LPG Bullet V-6028

**DATE OF DOC.:** 12/16/2015

**NO. OF PGS. THIS TARGET SHEET REPLACES:** 20

**SDMS #:** 9796738 **RELATED #:** 9680221

**CONTROLLED ?** ☒ **MISSING PAGES ?** ☐

**ALTERN. MEDIA ?** ☐ **CROSS REFERENCE ?** ☐

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**CASE #:**  **SDG #:**

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